2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-24-2004 90078 020 ***158.75
P00000046307

FILED
Jun 30, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P000000 16307

1. Entity Name
ZALDIVAR Express CORP

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2. Principal Place of Business	3. Mailing Address
12736 SW 64 Ter	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami FL	
City & State	City & State
Zip 33183 Country USA	Zip 33183 Country Dade

4. FEI Number 65 0982554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Xiomara T. Zaldivar
Street Address (P.O. Box Number is Not Acceptable): 12736 S.W. 64 Ter
City: Miami **FL** Zip Code 33183

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Eduardo Zaldivar Xiomara T. Zaldivar Pres. 4-2-2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eduardo Zaldivar Vice pres 12736 SW 64 Ter Miami FL 33183
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo Zaldivar Pres 4-30-04 305 383 3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

5405 86 31
#P00000046307

Florida Dept of State

May 20-04

Please change the president from
Edward Zaldivar TO Edward Zaldivar
due to illness I'm not longer
the president

Jeanne T. Zaldivar

Mead